

**BOARD LETTER – SUMMARY SHEET  
HEALTH AND MENTAL HEALTH SERVICES CLUSTER**

<b>AGENDA REVIEW</b>	01/30/13
<b>BOARD MEETING</b>	02/12/13
<b>SUPERVISORIAL DISTRICT</b>	1, 2, AND 4
<b>DEPARTMENT</b>	Mental Health
<b>SUBJECT</b>	Request approval to amend two Legal Entity Agreements to add Mental Health Services Act-Innovation Funding for implementing Integrated Peer-Run Models for Fiscal Years 2012-13 through 2013-14.
<b>PROGRAM</b>	Peer-Run Models will provide linkage to health, mental health, substance abuse, and housing services as part of a program designed to empower individuals to sustain their own recovery and will also provide guests a short-stay, voluntary living opportunity designed to provide safe and healing environments where people can move through their psychiatric distress in a relatively brief time of 14 days to 30 days.
<b>DEADLINES</b>	None
<b>COST &amp; FUNDING</b>	The amendment amounts for FY 2012-13 for Mental Health America of Los Angeles (MHALA) and Emotional Health Association dba (SHARE!) the Self-Help and Recovery Exchange are \$707,777 and \$915,554, respectively, and total \$1,623,331. This amount is fully funded by State MHSA revenue and is included in DMH's FY 2012-13 Final Adopted Budget. Funding for future years will be requested through DMH's annual budget request process. The amendments include one-time funding for expenses associated with starting new MHSA INN programs incurred during the first two months of the program's initiation. The one-time expenses may include non Medi-Cal capital assets and other non Medi-Cal client support expenditures. The one-time funding allocated to MHALA is \$176,944 and to (SHARE!) is \$228,888. There is no net County cost impact associated with these actions.
<b>PURPOSE OF REQUEST</b>	Board approval of the recommended actions will allow DMH to amend its LE Agreements with MHALA and SHARE! to implement Mental Health Services Act Innovation Plan Integrated Peer-Run Models.
<b>SUMMARY/ ISSUES</b>  (Briefly summarize program and potential issues or concerns. Identify changes, if any, to level of funding or staffing; how funding will be utilized and why best use; and prior accomplishments.)	<p>While there are emerging models for the integration of health, mental health, and substance use disorders services that might greatly improve care, relatively little is known about the role of peer support in achieving integration. Implementation of Peer-Run Models will allow the provision of appropriate services to assist individuals with mental illness recover and continue to thrive in community based settings, offering alternative approaches that seek to decrease the need for involuntary inpatient hospitalization.</p> <p>By employing peer-run approaches for the delivery of mental health, physical health, and substance abuse disorder service linkage and coordination, the Peer-Run Models meet the State Department of Mental Health guidelines for Innovation projects by exploring novel and creative mental health practices and approaches that contribute to learning, which will guide policy decisions and future resource allocation.</p>
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